

Attorney Docket No.: C4310(C)
Serial No.: 10/559,645
Filed: December 2, 2005
Confirmation No.: 7274

INFORMATION DISCLOSURE STATEMENT

Sir:

Applicants herewith submit an Information Disclosure Statement for the above identified application.

No additional fee is required since this information is filed prior to the first Office Action on merits (37 CFR 1.97(b)(3)). In the event that a first Office Action on the merits has already issued and is crossing in the mail with this information, please consider the information and charge the \$180.00 fee under 37 C.F.R. §1.17(p) to Deposit Account No. 12-1155.

The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under: 37 C.F.R. §1.16; 37 C.F.R. §1.17; 37 C.F.R. §1.18; 37 C.F.R. §1.136.

Documents relating to the above-identified application are submitted herewith. The following information is intended for the Examiner's information and for citation with the instant case. This submission does not constitute either a representation that a thorough search has been made or an admission that the documents cited herein are properly citable against the above-identified application. Comments accompanying the documents, if any comments are included, are believed to constitute a concise explanation of the relevance of the documents. However, any such comments are not intended to take the place of the Examiner's independent consideration of each document. An attached PTO Form 1449 lists these documents.

Respectfully submitted,



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FORM PTO-1449

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STATEMENT BY APPLICANT

U.S. PATENT DOCUMENTS

EXAMINER INITIALS	DOCUMENT NO.	DATE	NAME OF INVENTOR	CLASS	SUBCLASS	FILING DATE IF APPROPRIAT

FOREIGN PATENT DOCUMENTS

EXAMINER INITIALS	DOCUMENT NO.	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATIO YES OR NO
	1	2013120	10/13/90	Canada		

OTHER DOCUMENTS

EXAMINER

DATE CONSIDERED

EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 608; DRAW LINE THORUG
CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED. INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICAN